

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044575

STATE FILE NUMBER

Registration District No. 172

Primary Registration District No. 4270

Registrar's No. 82

DO NOT WRITE
ON THIS SUB

AMENDED

FILED DEC 4 1963

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dover Township | | c. CITY OR TOWN Norborne | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles west of Waverly | | d. STREET ADDRESS 212 W. 2nd | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Sterling Middle Powers Last Gregg | | | 4. DATE OF DEATH Month Nov. Day 30 , Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-27-1897 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and state or country) Bogard, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Wm. Hamilton Gregg | | 13b. MOTHER'S MAIDEN NAME Sarah Florence Smith | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Mildred Gregg | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Mildred Gregg, Norborne, Mo. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 1 Hour | |

| | | | | |
|---|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Norborne, Missouri | | |
| 21. I attended the deceased from on Nov 30-63 and last saw him alive on Nov 30-63 Death occurred at 4:15 P on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | |
| 22b. ADDRESS Waverly | | 22c. DATE SIGNED 12-1-63 | | |

| | | | | |
|--|--|---|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-3-1963 | 23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery | 23d. LOCATION (City, town, or county) Norborne, Missouri |
| 24. FUNERAL DIRECTOR Gibson Funeral Home-Norborne, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec. 2, 1963 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0540
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DEC 10 1963

DEC 6 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James F. Tibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.